



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



CONFIRMATION NO. 5820

Bib Data Sheet

SERIAL NUMBER 09/354,970	FILING DATE 07/16/1999 RULE	CLASS 709	GROUP ART UNIT 2154	ATTORNEY DOCKET NO. 1610	
APPLICANTS JOHN R. DOUCEUR, BELLEVUE, WA; WILLIAM J. BOLOSKY, ISSAQUAH, WA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/10/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY WA	SHEETS DRAWING 8	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 3
ADDRESS Law Offices of Albert S Machalik, PLLC 704 - 228th Avenue NE Suite 193 Sammamish ,WA 98074					
TITLE METHOD AND SYSTEM FOR REGULATING BACKGROUND TASKS USING PERFORMANCE MEASUREMENTS					
FILING FEE RECEIVED 1322	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/354,970	07/16/99	712	2784	1610

APPLICANT

JOHN R. DOUCEUR, BELLEVUE, WA; WILLIAM J. BOLOSKY, ISSAQUAH, WA.

CONTINUING DOMESTIC DATA***
VERIFIED

None, (DN)

371 (NAT'L STAGE) DATA***
VERIFIED

None, (DN)

FOREIGN APPLICATIONS***
VERIFIED

None, (DN)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/10/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>Dushin</u> Examiner's initials	WA	8	33	4

ADDRESS	ALBERT S MICHALIK MICHALIK & WYLIE PLLC 14645 BEL-RED ROAD SUITE 103 BELLEVUE WA 98007
---------	--

TITLE	METHOD AND SYSTEM FOR REGULATING BACKGROUND TASKS USING PERFORMANCE MEASUREMENTS
-------	--

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,160		